

No. 64

IMMEDIATE RELEASE

September 1947

NEWS NOTES

OFFICE OF THE SURGEON GENERAL  
Technical Information Office  
Washington, D. C.

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ARMY MEDICAL LIBRARY  
GENERAL ARMSTRONG TALKS TO NINTH DISTRICT  
NORTH CAROLINA STATE MEDICAL ASSOCIATION

The civilian medical profession in times of emergency has always given the Army Medical Department loyal support and the fullest cooperation, Brigadier General George E. Armstrong, Deputy Surgeon General, said in a recent talk before a meeting of the Ninth District, North Carolina State Medical Association at Mooresville, North Carolina.

"The heads of the civilian medical institutions", General Armstrong said, "which in the past have sponsored affiliated units of the Medical Department have been contacted and invited to participate in the Medical Department program. The response from these institutions has been enthusiastic and indicates the loyal and wholehearted support of the civilian medical profession to meet the needs of the military in time of national emergency. The organization of affiliated medical units is proceeding. Within your home State of North Carolina two such medical units are scheduled for organization. They are the 65th General Hospital which was sponsored by Duke University at Durham and the 38th Evacuation Hospital, sponsored by the Charlotte Memorial Hospital at Charlotte."

In pointing out the advantages of a career for doctors in the Regular Army, General Armstrong said, "a new system of promotion of officers based on merit has been established. Also, there has been legislated a bill to correct somewhat the disparity in pay which exists between practitioners in the Army and those in civil life. This provision of law provides for compensation of the Army medical officer for the cost of his professional education and loss of earning power while undergoing professional education, through the payment of \$100 a month additional compensation for each year that he serves in the military service, up to thirty years. These measures are designed to procure officers for the Army Medical Department by making a career in the military service more attractive."

MORE



GENERAL ARMSTRONG TALKS TO NINTH DISTRICT N. C. STATE MED. ASSN etc. (Cont'd)

He spoke also of the graduate professional education program which is in operation in nine Army general hospitals located throughout the United States and with bed capacities ranging from 410 at Army and Navy General Hospital to 3,661 at Percy Jones General Hospital. With one or two exceptions these hospitals are located in the vicinity of large medical teaching centers. For the most part they are housed in large modern buildings which are designed as, or adapted to the needs of large hospital operations. Each of these hospitals is fully equipped with modern laboratory, surgical, radiological, library and other types of medical equipment. Modern teaching aids are also provided. All of these hospitals operate under the direct control of The Surgeon General; hence they are frequently inspected and deficiencies thus disclosed are speedily overcome.

"In the field of research", the General said, "the Army Medical Department is actively investigating those problems which caused significant manpower losses during the past war, as well as new problems that are expected to be important in the future. In general, these problems are not ones that are encountered to a major degree in civil life. They are:

1. Physical and mental standards for the most efficient use of manpower.
2. The prevention of radiation injury and the care of casualties due to fission products, such as those from the atomic bomb.
3. Living and working under conditions of extreme cold.
4. The prevention of cold casualties.
5. The evacuation and medical and surgical care of sick and injured under conditions of extreme cold.
6. Preventive medicine and medical practice in disaster relief.
7. Traumatic surgery, including first aid, resuscitation, operative and postoperative care, and rehabilitation as it applies in war.
8. Preventive psychiatric and psychological problems required for prevention of psychiatric casualties in war.
9. Control of infections and parasitic diseases, as required with troops and displaced populations in war.
10. Nutrition problems of the severely injured and infected.
11. Nutrition problems in handling displaced persons who have undergone starvation, or where inadequate food is available to meet average requirements.

These and many other problems will be either not investigated at all by the civilian medical profession or they will be studied only partially. Therefore, the armed forces must anticipate these national requirements and undertake to provide answers prior to the need for this information during periods of national emergency."



### GENERAL BLISS ON PACIFIC TOUR

Major General Raymond W. Bliss, USA, Surgeon General of the Army, left San Francisco September 20 with the subcommittee of the House Committee on Armed Services headed by Representative W. Sterling Cole (R-N.Y.), for an inspection tour of medical facilities in the Pacific area.

General Bliss was accompanied by his executive officer, Col. Howard W. Doan, MC, USA, and also in his company are Capt. Maurice E. Browder (HC), USN, and Capt. James E. Hall, USMC.

The itinerary included Honolulu, Kwajalein, Guam, Tokyo, Seoul, Korea, Tsingtao, Shanghai, Okinawa, Manila and return to the United States by way of Guam and Kwajalein, with an arrival date tentatively set at 26 October.

### GENERAL ARMSTRONG DISCUSSES CENTRAL THERAPEUTIC AGENTS' BOARD

A Central Therapeutic Agents' Board has been appointed in the Office of The Surgeon General with a view to improving and standardizing operations, processes, and methods used by Army hospitals in applying the principles of theoretical pharmacy, Brigadier General George E. Armstrong, The Deputy Surgeon General, announced in a recent talk given before the Convention of The American Pharmaceutical Association, at Milwaukee, Wisconsin.

"Particular attention", General Armstrong said, "will be given to the establishment of policies on the supply of non-standard agents for use in treating all patients. Recommendations of this Board will be prepared in directive form for Army hospitals for information and guidance. The Board will consist of the Chairman, Medical Research and Development Board who will act as chairman, and the Chiefs of the Medical and Surgical Consultants Divisions, the Chief of the Hospital Division, the Chief of the Supply Division, and a pharmacist member of The Surgeon General's Office, or duly authorized representatives. In line with this commanding officers of general hospitals have been directed to appoint therapeutic agents' boards in their hospitals for the purpose of making recommendations relative to the local purchase of non-standard items, including biologicals, to be used by the hospitals. Each board will consist of not less than three officers, including the chiefs of medical and surgical services, and an officer of the Medical Service Corps who is a registered pharmacist."

General Armstrong told the delegates to this convention that the commanding officer of each hospital has been directed to appoint a Medical Service Corps officer who is a registered pharmacist to be the officer in charge of the hospital pharmacy. The surgeons of all overseas theaters and armies in the zone of interior have been directed to appoint a registered pharmacist as officer in charge of the various hospital pharmacies within their commands in accordance with their availability in the theaters and in the armies.



## GEN. ARMSTRONG DISCUSSES CENTRAL THERAPEUTIC AGENTS' BOARD (Cont'd)

In stressing the importance of the Reserve program General Armstrong said, "that in the future, as in the past, the Medical Service Corps Reserve will be a most important source of trained and skilled officers to assist the Medical Department in carrying out its mission. No ceiling exists on the number of officers who may be commissioned in the Reserve Corps under the National Defense Act. Approximately 12,000 officers now hold Reserve commissions in the Medical Service Corps. Obviously, the Medical Department of the Army must be ready to function at all times. If we are unable to obtain a sufficient number of pharmacists from civilian sources, it will, of course, be necessary for us to develop our own personnel. It is in this phase of the development of the Medical Service Corps that we particularly require the cooperation of the pharmaceutical organizations and educational institutions. It is the hope of the Army that this group of young men will make the Medical Service Corps Reserve something in which the Army and the profession of pharmacy will take pride. We expect that as many as possible of your pharmacy graduates will avail themselves of this opportunity. It is anticipated that several hundred pharmacy students will be commissioned in the Reserve components each year. The number of Reserve officers who get active duty training each year is limited by the amount of funds made available by Congress, however, by correspondence work, meetings, and occasional active duty periods, such officers can keep their Reserve commissions in an active status."

Mention was also made of the Laboratory and the Shop Branch of the Engineering Development Division, Army-Navy Medical Procurement Office which is located at Carlisle Barracks, Pennsylvania. The principal functions of this organization are mainly the development of new items for use by the Army and Navy Medical Departments and modifications and improvements of those items which are already standard. This laboratory is equipped with the necessary equipment to permit working with all types of metals and wood. In the development of new items, this laboratory effects the engineering design and physical development of such articles in its shops and/or in coordination with industry. Here again pharmacists are an integral part of the future of the Army.

The contributions made by pharmacists in the past and the importance of the role they will play in the future of the Army Medical Department were emphasized in this talk.

### COLONEL GORIUP NEW CHIEF MEDICAL SERVICE CORPS

Lt. Col. Othmar F. Goriup, Chief of the Allotment and Requirement Branch of the Medical Personnel Division in the Office of the Air Surgeon, has been appointed the first Chief of the recently created Medical Service Corps of the Army Medical Department with the rank of full Colonel, Brig. General George E. Armstrong, acting Surgeon General, announced recently.



## COLONEL GORIUP NEW CHIEF MEDICAL SERVICE CORPS (Continued)

The Medical Service Corps, which was established by the last Congress, for the first time will include commissioned specialists in scores of fields now closely allied to medicine, such as optometrists, bacteriologists, entomologists, psychologists, sanitary engineers, pharmacists, chemists and electronics experts.

The Medical Service Corps Division has been established in the Office of The Surgeon General with Colonel Goriup as Chief.

In referring to the outstanding qualifications Col. Goriup has for the new Medical Service Corps post, General Armstrong cited the distinguished record Col. Goriup made during the war in Air Transport Command. Last March he was awarded the Legion of Merit for his exceptional services in assisting in the development of the program for air evacuation of the wounded and for improvement of the medical service of the Air Transport Command.

Since August 1946 Col. Goriup has occupied his present position of Chief of the Allotment and Procurement Branch in the Office of the Air Surgeon. From June 1942 until October 1945 he was Chief, Supply and Operations Division and Administrative Assistant in the Office of the Surgeon, Headquarters, Army Transport Command, Washington, D. C. From March 1941 to June 1942 he was Administrative Officer at the Station Hospital at Langley Field, Virginia.

Col. Goriup, who is 42 years old, was graduated from the University of Pittsburgh in 1929 with a PhD degree and from St. Bonaventure in 1939 with a Bachelor of Science degree. He is a member of the American Pharmaceutical Association, American Chemical Society, American Society of Hospital Pharmacists, Kappa Psi, pharmaceutical fraternity, and a fellow of the American College of Apothecaries.

Col. and Mrs. Goriup and their son, Franklin, 7 years old, live in Fairlington, Virginia.

## JOINT ARMY-NAVY MEDICAL SUPPLY CATALOGUE ISSUED

The first Joint Army-Navy Catalogue of medical materiel, an important milestone in the logistics of military medicine, today is a tangible reality.

The thick volume, effective as of October 1, 1947, has been hailed by the Secretary of Defense and the Surgeons General of the Army and the Navy as an invaluable instrument of heightened efficiency and economy. It supersedes the separate Army and Navy medical supply catalogues which have been in use heretofore.



## JOINT ARMY-NAVY MEDICAL SUPPLY CATALOGUE ISSUED (Continued)

Every Army and Navy medical and hospital facility will have a copy of the new catalogue when distribution is completed. Prepared in a way to facilitate incorporation of changes and additions as they are made, the book is contained in a binder.

The 7,823 items listed range from pony-class expendables, such as tongue depressors and dental burs, to therapeutic X-ray units in the \$10,000 field. Items are divided, by types, into 14 classes.

There are 5,026 JAN items; that is, items which are adaptable for both Army and Navy use. In addition, there are 1,581 Army-only and 373 Navy-only entries. The remainder of the listings are on "limited service" supply, which means that their procurement and allocation are in process of gradual discontinuance. In this category, 429 are Army-only, 327 Navy-only and 87 in joint use.

The catalogue's index and cross-index make it a matter of only a few moments attention to locate an article by its name or number. Army and Navy conversion tables also have been provided, showing the new numbers given to items listed in the old Army and Navy medical supply catalogues.

In recognition of the simplified thoroughness of the new catalogue, the U. S. Public Health Service and the Veterans Administration have indicated that they will adopt a similar style in their future catalogues. The ultimate result may be a single Federal medical supply catalogue with provision made for special designation of those items utilized by only one Service, comparable to the Army-only and Navy-only listings in the present volume.

Since preparation of the new catalogue, whose first printing is 16,000 copies, was begun in 1945, it may be said to be a trail-blazer in the Army-Navy unification plan enacted two years later by Congress and approved by President Truman. The herculean task of composing the book was launched under former Surgeons General Norman T. Kirk of the U. S. Army and Ross T. McIntire of the U. S. Navy, and their respective chiefs of supply, Brig. Gen. Edward Reynolds and Rear Admiral K. C. Melhorn.

It was completed under the supervision of their successors, Surgeons General Raymond W. Bliss and Clifford A. Swanson, and the present chiefs of medical supply, Colonel S. B. Hays (MC) USA, and Captain L. G. Jordan (MC) USN.



## MEDICAL ASPECTS OF ATOMIC EXPLOSION

It is planned that a third class in the course in Medical Aspects of Atomic Explosion will be conducted at the Army Medical Department Research and Graduate School, Army Medical Center, Washington, D.C. beginning 3 November 1947. This is a 5-day course and its purpose is to orient medical officers of the Army, Air Force, Navy and Public Health Service and doctors of the Veterans Administration in the fundamental principles of this subject.

Two classes in this course were conducted previously in May and September of this year and were enthusiastically accepted. The course includes basic information which is considered the minimum essential for all doctors of the above services. Therefore, it is planned to repeat the course each month until the majority of the doctors have been indoctrinated in this subject.

## OPTOMETRIC ADVISER TO THE SURGEON GENERAL APPOINTED

Brig. General George E. Armstrong, Deputy Surgeon General of the Army, who is acting in the absence of Maj. General Raymond W. Bliss, the Surgeon General, now on an extended inspection trip in the Pacific, announced recently that Dr. Harry Ward Ewalt, Jr., of Pittsburgh, Pennsylvania, has been appointed as Optometric Adviser to the Surgeon General of the Army.

This appointment was made as part of the Army's program to carry out the provisions of the Medical Service Corps Act signed by President Truman last month, which provides for the commissioning of optometrists in the regular Army. The primary purpose of a consultant will be to advise The Surgeon General on the formulation of sound policies in all phases of optometry to the end that the optometry standards of the Army are maintained at the highest possible professional plans.

Dr. Ewalt graduated from the School of Optometry at Ohio State University in 1929 and did graduate work at the Eye Institute of the Dartmouth Medical School.

Since 1939 he has been a member of the Council on Education and Professional Guidance of the American Optometric Association, and since 1945 has been Chairman of the Council. He is also a member of the Committee on Interprofessional Relations of that Association and is a past President of the Pittsburgh and Pennsylvania Optometric Association.

He served as an instructor at Pennsylvania State College during the summers of 1943-44; is the author of numerous scientific papers and monographs; and has lectured on visual training techniques before various Optometric Congresses in the United States and Canada.



## COLONEL STANDLEE MADE DEPUTY FOR PLANS, SGO

Colonel Earle Standlee, MC, U. S. Army, has assumed the duties of Deputy for Plans, Office of The Surgeon General, succeeding Brigadier General Guy B. Denit who recently became Surgeon of the First Army Area according to a recent announcement by Acting Surgeon General George E. Armstrong.

As Deputy for Plans, Colonel Standlee is responsible for coordinating planning of all phases of Medical Department operations, including long-range planning and the development of mobilization and training criteria for Medical Department units.

A native of Stephenville, Texas, Colonel Standlee received his pre-medical and medical education at Baylor University, being awarded his AB degree in 1920 and his MD degree in 1925. He received his MBA degree from the Harvard Graduate School of Business Administration in 1941. He entered the Army Medical Corps shortly after graduation from medical school.

His tours of duty in the Army have included the Army Medical School, the Medical Field Service School, and the Army Industrial College. He served in the Philippine Islands from 1928 to 1930, the New York Port of Embarkation from 1932 until his assignment to the Supply Division, Office of The Surgeon General in 1934. During 1941 he was assigned to General Headquarters, U. S. Army, Army War College. From 1942 to 1945 he served as United States Deputy Surgeon, Allied Force Headquarters in the Mediterranean Theater. Upon his return to the United States in 1946 Colonel Standlee was Surgeon of the Eighth Service Command with Headquarters at Dallas, Texas, prior to his appointment as Chief, Specialized Services Branch, Service, Supply and Procurement Division, War Department General Staff, from which assignment he entered on his present duties.

## RECALL QUOTA FOR WOMEN'S MEDICAL SPECIALIST CORPS ESTABLISHED

In accordance with authority recently granted by the Department of the Army, a recall quota for officers in the Women's Medical Specialist Corps has been established.

Dietitians and Physical Therapists who served honorably during World War II and who are now on inactive status may request extended active duty in the Army United States. Officers will be recalled to active duty in the grade held prior to reporting to a Separation Center. Individuals desiring to apply for extended active duty must make application in writing and must meet the following requirements:

Applicants accepted for such duty shall be unmarried, have no dependents under 14 years of age and be physically qualified.

Application blanks may be obtained from The Adjutant General, U. S. Army, Washington, D. C. or from The Surgeon General, U. S. Army, Washington, D. C.



## CONGRESS OF PHYSICAL MEDICINE HONORS GENERAL KIRK

Major General Norman T. Kirk, USA, Retired, former Surgeon General of the Army, was awarded the Gold Key of the American Congress of Physical medicine at their annual meeting in Minneapolis, Minnesota, on September 4, 1947. The award is made annually to prominent figures in the international field of medicine who have contributed toward the advancement of the specialty of physical medicine. The citation in part read "the establishment of physical medicine as a major medical service in the Army was accomplished because of the personal efforts of Doctor Kirk." Others to receive the Gold Key at this time were Lord Thomas Jeeves Horder, G.C.V.O., M.D., B.Sc., F.R.C.P., physician to His Majesty the King of England and President of the British Association of Physical Medicine, and Dr. Andrew C. Ivy, Vice President of the University of Illinois, Consultant to the Council on Physical Medicine of the American Medical Association and special consultant to the Secretary of War regarding War Crimes of a medical nature.

## ARMY PERSONNEL TO RECEIVE FLU VACCINE

Army personnel will be vaccinated against influenza during the fall of 1947 according to Department of the Army Circular No. 4 dated 22 September 1947. Vaccination of all military personnel will begin during October and those entering the service prior to 1 April 1948 will receive influenza vaccine along with their initial immunizations. Precautions will be taken to avoid administering influenza vaccine to persons having a history of egg allergy. Suspected outbreaks of the disease occurring in a military installation or command will be immediately reported to The Surgeon General. Laboratory tests will be made in the field on early representative cases to establish outbreaks. In addition to the A and B viruses the vaccine contains an A-variant cultured from the distinctive type of influenza that occurred at Fort Monmouth, N. J., last season. Inasmuch as a new strain was isolated last year, it is possible that other new strains may be demonstrated this year. The Army is on a lookout for any new strains that may occur.

## NEW ARMY VENEREAL DISEASE CONTROL PICTURE

THE MIRACLE OF LIVING, a four reel 39 minute motion picture, has been produced under the auspices of the Surgeon General for showing to troops and to the public. It is considered within the Army to be one of the film-making achievements of the Signal Corps. It represents one of the most carefully planned and professionally-handled pictures ever put out by the Army. The film was produced at the request of the Surgeon General, with Major Louis N. Altshuler as Technical Advisor. The producer (Giles O'Connor) was also responsible for the Army Day picture YOUR ARMY TODAY, which aroused favorable comment all over the nation last spring during Army Week, and the writer (Sam Robins) was also responsible for the script of YOUR ARMY TODAY.



UNIVERSITY OF TEXAS SPONSORS FIRST  
MEDICAL DEPARTMENT AFFILIATED UNIT

The University of Texas is the first institution to become a member of the Army Medical Department's Post-war Affiliation Program, Brig. General George E. Armstrong, Deputy Surgeon General, announced recently.

Additional units, both general and evacuation hospitals, from other leading medical schools and hospitals throughout the country will be activated this year.

The professional members of these new hospital units will be drawn from the faculties and staffs of the medical schools and hospitals which sponsor them. The personnel will be trained in Army methods and procedures so that in the event of mobilization these units will be prepared to take the field with the minimum of delay.

In World War II there were 73 affiliated units, comprising general, evacuation, and portable surgical hospitals, which were brought into the service. These affiliated units made an important contribution to the high standards of medical care given by the Medical Department during the war.

The Medical Branch of the University of Texas sponsored a general hospital - the 127th-in World War II from October 1943 to September 1945. The 127th General Hospital performed outstanding service in the European Theater of Operations.

The school has agreed to sponsor a 1,000 bed general hospital in this post-war program. Dr. Chauncey D. Leake, Vice-president of the Medical Branch of the University of Texas, signed the agreement with the Department of The Army. This medical school is located at Galveston, Texas.

ARMY MEDICAL DEPARTMENT PROFESSIONAL TRAINING INSPECTED

Drs. William C. Menninger, Director of the Menninger Clinic, Topeka, Kansas, Michael E. DeBakey of the Tulane University Medical School, and Maurice C. Pincoffs, Professor of Medicine, University of Maryland, recently inspected the professional training program at Walter Reed General Hospital. Nine similar teams of civilian consultants to The Surgeon General, each composed of a neuropsychiatrist, a surgeon and an internist, have been inspecting the professional training programs being carried on in other Army General Hospitals.



C. R. UPHOFF, CIVILIAN PERSONNEL CHIEF,  
ADDRESSES AMERICAN HOSPITAL ASSOCIATION MEETING

The importance of improved supervisory techniques in hospital administration was the subject of a talk recently given by Mr. C. R. Uphoff, Chief, Civilian Personnel Division before the Annual Meeting of The American Hospital Association in St. Louis.

"Hospital management", Mr. Uphoff said, "is becoming more and more aware of the importance of the supervisory position and is carefully studying the experiences of industrial organizations with a view to adapting many of the improved supervisory techniques to the hospital situation. Administrators are striving to improve, specifically, the selection and training of supervisors in their organizations.

"In the selective process prediction of success is made by identifying the presence of or potential existence of 25 or 30 characteristics, traits, or abilities. This is accomplished by securing identifying information in four definite steps. Previous general practice has been to consider only experience in a subject matter field, merit rating, or test results. Now, extensive studies have indicated that if a patterned interview is given after all personal information is studied, and combined with the results of a preliminary interview and test results, the task of selecting supervisors can be successfully accomplished."

Mr. Uphoff discussed the characteristics that constitute a criterion for selection of supervisors including decisiveness, personality, integrity, sincerity, loyalty, tact, self-control, and the ability to judge human capacities.

200 MEDICAL AND 50 DENTAL INTERNSHIPS  
WILL BE OFFERED BY ARMY IN 1948

Two hundred medical and 50 dental internships will be offered by the Army in 1948 to be filled by recent medical and dental school graduates.

The internships will be for a period of one year of active duty. They will be rotating and will include the following services:

(a) Medical Internships:

- (1) Medicine
- (2) Neuropsychiatry
- (3) Pediatrics and Contagious Diseases
- (4) Laboratory
- (5) Obstetrics and Gynecology
- (6) General Surgery
- (7) Urology
- (8) Orthopedic Surgery
- (9) Ophthalmology and Otolaryngology



200 MEDICAL & 50 DENTAL INTERNSHIPS WILL BE OFFERED BY ARMY IN 1948 (Cont'd)

(b) Dental Internships:

- (1) X-Ray and Oral Diagnosis
- (2) Operative Dentistry
- (3) Oral Surgery
- (4) Periodontia
- (5) Prosthetic Dentistry

Pay scales for interns as first lieutenants will be in accordance with existing regulations covering commissioned officers' pay and allowances. Credit for purpose of pay is given in accordance with length of military service. Subsistence and rental allowances are determined by the marital status of the intern; additional subsistence and rental pay is provided for officers who are married or have other dependents.

Qualifications required for application are:

(a) Medical interns:

A male graduate of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association, who is eligible for appointment as a medical officer in the Officers' Reserve Corps of the Army. Graduates of foreign schools are not eligible.

(b) Dental Interns:

(1) Citizens of the United States; graduates of approved dental schools (now completing 4th year of dental training); not over 30 years of age on 1 July 1947; have made no agreement to accept an internship appointment in any other institution; and meet the physical standards for appointment in the Dental Corps of the Regular Army. (AR 40-105).

There will also be 350 fully approved residencies for periods of one, two and three years, depending on the specialty desired and previous experience of candidate, in various Army General Hospitals in 1948 which will include:

- (a) Cardiology
- (b) Contagion and Tuberculosis
- (c) Dermatology and Syphilology
- (d) Internal Medicine
- (e) Pediatrics
- (f) Physical Medicine
- (g) Anesthesiology
- (h) Obstetrics and Gynecology
- (i) Ophthalmology
- (j) Orthopedic Surgery
- (k) Otolaryngology



200 MEDICAL & 50 DENTAL INTERNSHIPS WILL BE OFFERED BY ARMY etc. (Cont'd)

- (l) Surgery
- (m) Thoracic Surgery
- (n) Urology
- (o) Neurology
- (p) Pathology
- (q) Psychiatry
- (r) Radiology

Qualifications required for application as residents are:

(a) Regular Army Medical officers or applicants for the Regular Army who are graduates of an approved medical school (a male graduate of a medical school approved by the Council on Medical Education and Hospitals of the American Medical Association, who is eligible for appointment as a medical officer in the Officers' Reserve Corps of the Army - graduates of foreign schools are not eligible.) and have completed at least one year of rotating internship in a hospital approved by the Council on Medical Education and Hospitals of the American Medical Association may be appointed as assistant residents, resident or senior resident whichever is commensurate with their professional background.

#### REGULAR ARMY APPOINTMENTS OFFERED NURSES, PHYSICAL THERAPISTS, DIETITIANS AND OCCUPATIONAL THERAPISTS

Recess appointments in the Regular Army were tendered recently by the President of the United States to 153 officers and former officers of the Army Nurse Corps, 31 Hospital Dietitians and 19 Physical Therapists. All had served as temporary officers and reserve officers during World War II.

In addition appointments were also tendered to three Occupational Therapists who have been serving as civilian employees in the Army Medical Department. This marks the first time that the Department of the Army has given commissioned officer status to Occupational Therapists.

These appointments, made as the result of an act of Congress establishing the Army Nurse Corps and the Women's Medical Specialist Corps as a part of the Regular Army, represent the first increment in this integration program. The Women's Medical Specialist Corps is composed of the Hospital Dietitian Section, the Physical Therapy Section and the Occupational Therapy Section.

The list of 31 Dietitians tendered appointments in the Women's Medical Specialist Corps includes the name of Major Helen C. Burns of Lowell, Mass., who has had continuous service in the Army Medical Department since 1928. During World War II Major Burns was Director of Dietitians in the Army Medical Department and was awarded the Legion of Merit for outstanding performance of duty in this capacity.



## REGULAR ARMY APPOINTMENTS OFFERED NURSES etc. (Continued)

The list of 19 officers tendered appointments in the Physical Therapy Section of the Women's Medical Specialist Corps includes the name of Major Emma E. Vogel, of 304 Nicolette Avenue, Mankato, Minnesota, who has had continuous service for the past 28 years with the Medical Department. During World War II Major Vogel was director of physical therapists in the Army Medical Department and was awarded the Legion of Merit for outstanding performance of duty in this capacity.

The deadline date for applications in the Army Nurse Corps and the Women's Medical Specialist Corps has been extended from September 30 to November 30, 1947.

## REGULATIONS FOR ISSUE OF ORTHOPEDIC FOOTWEAR TO ARMY PERSONNEL AND VETERANS

New regulations governing the requisitioning and supply of orthopedic footwear to Army personnel on active duty who have foot injuries, deformities or disabilities requiring the wearing of such footwear, and the supply of such footwear through the Veterans Administration to eligible veterans of all the U. S. armed forces recently have been issued by the Quartermaster Corps, Department of the Army in Army Regulations No. 30-3050.

The Department of the Army and Veterans Administration have entered into an agreement under which the Veterans Administration will operate several cast-making units formerly operated by the Army. Such units will be available for processing both Army personnel and eligible veterans. All will be under technical control of the Quartermaster General.

Orthopedic cast-making units now are located at the following places: Army Orthopedic Footwear Clinic, Boston Army Base, Boston, Mass.; Walter Reed General Hospital, Army Medical Center, Washington, D. C.; Brooke General Hospital, Fort Sam Houston, Texas; Veterans Administration Regional Office, Los Angeles, Calif.; Fitzsimons General Hospital, Denver, Colo.; Veterans Administration Hospital, Hines, Ill.; Madigan General Hospital, Fort Lewis, Wash.; Veterans Administration Regional Offices at Atlanta, Ga.; Kansas City, Mo.; and New York City, N.Y.

The Medical Department will determine requirements and provide funds for supplying orthopedic footwear to Army personnel and the Veterans Administration will perform the same functions for eligible veterans.



## REGULATIONS FOR ISSUE OF ORTHOPEDIC FOOTWEAR TO ARMY PERSONNEL etc. (Cont'd)

Both Army personnel and eligible veterans authorized to receive orthopedic shoes will have casts made at the appropriate cast-making unit. Army personnel will be assigned to the unit on temporary duty and veterans on travel status with expenses paid by the Veterans Administration. Casts and other pertinent data then will be sent to the Army Orthopedic Footwear Clinic, Boston Army Base, where the shoes will be manufactured and shipped to the commanding officer of the hospital, or station, or the manager of the Veterans Administration regional office initiating the requisition. The shoes then will be test-fitted and minor adjustments made locally, these being recorded for future reference in making future shoes for the same individual.

Army personnel will be issued orthopedic shoes upon granting of a medical certificate of necessity. Veterans of the armed services eligible for orthopedic shoes because of service-connected disabilities or injuries of the feet should file application with the manager of the Veterans Administration regional office or center having jurisdiction over the geographical area in which they are located.

## COURSES OF INSTRUCTION IN HOSPITAL ADMINISTRATION

The first class in hospital administration to be conducted by the Army Medical Department will begin at the Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston, Texas, 10 November 1947 for the purpose of qualifying officers of the Medical Department to function efficiently in administrative positions within the Army hospital system. The course will be of 12 weeks duration. Applicants must be officers of the Medical Service Corps, Regular Army, who have completed 5 years active commissioned service as of 1 November 1947, or Army Nurse Corps, Regular Army, who must have completed 5 years administrative experience as of 1 November 1947 in the capacity of chief nurse or assistant chief nurse in an Army hospital. The Medical Department plans to repeat this course at various intervals in the future.

## COLONEL KILGORE RECEIVES OAK LEAF CLUSTER

The Oak Leaf Cluster to the Legion of Merit was presented to Colonel Floyd V. Kilgore, MC, Surgeon for the Military District of Washington on September 18, at the staff meeting in the Surgeon General's Office by Brigadier General George E. Armstrong, Deputy Surgeon General, USA, in the absence of Major General Raymond W. Bliss, The Surgeon General. The citation was "for outstanding services in inaugurating the Army's program for paraplegic cases" during the time Colonel Kilgore was commanding officer of Cushing General Hospital, Framingham, Mass., from December 1944 to October 1946.



## ARMY'S CHIEFS OF SURGICAL SERVICE STUDY COLUMBIA UNIVERSITY PRESBYTERIAN HOSPITAL RESIDENCY TRAINING PROGRAM

Chiefs of Surgical Service of the Army's nine teaching hospitals and the station hospital at the U. S. Military Academy at West Point attended the recent Annual Meeting of the American College of Surgeons in New York and then made a two-day study of the residency training program at Columbia University Presbyterian Hospital Center.

Colonel Frank L. Cole, MC, Chief, Surgical Consultants Division, who attended this meeting, said the Army will probably incorporate some of the features of Columbia's training system that will help to raise the standards in the Medical Department's program.

## GENERAL SMITH INSPECTS THIRD ARMY AREA DENTAL SERVICE

Brigadier General Thomas L. Smith, USA, Chief of the Dental Division, Office of the Surgeon General of the Army, inspected Army dental facilities in the Third Army Area during the week of September 21-27. His inspection itinerary included visits to Oliver General Hospital, Augusta, Ga.; Fort McPherson, Ga.; Fort Benning, Ga.; Fort Jackson, S.C.; and Fort Bragg, N.C. General Smith was accompanied on his inspection tour by Colonel Beverley M. Epes, DC, Third Army Dental Surgeon.

## FOURTH INTERNATIONAL CONGRESS OF MICROBIOLOGISTS

Major P. R. Carlquist, PC, presently assigned as Chief of the Department of Bacteriology in the Medical Division of the Army Medical Department Research and Graduate School, attended the Fourth International Congress of Microbiologists held in Copenhagen, Denmark July 20-26, 1947. Major Carlquist was appointed as a member of the Committee on Enterobacteriaceae which functions under the jurisdiction of the Commission on Nomenclature of the International Association of Microbiologists. The Committee on Enterobacteriaceae replaces the Salmonella Committee and will prepare reports on the classification and nomenclature of the other genera within the family of the Enterobacteriaceae similar to the previously presented Salmonella reports. A subcommittee composed of Major General J. S. K. Boyd, RMC, Dr. F. Kauffmann, State Serum Institute, Copenhagen and Major Carlquist will prepare a report on the genus Shigella.

Major Carlquist also participated in the procedural sessions held in connection with the operation of the International Center of Microbial Type Cultures which has been established under the auspices of the United Nations Educational, Social and Cultural Organization. This Center is presently located at the Institute of Hygiene in Lausanne, Switzerland.



MAJOR THOMAS C. JONES, V.C. GIVES PAPER  
ON "REGISTRY OF VETERINARY PATHOLOGY"

Major Thomas C. Jones, V.C., on duty at the Army Institute of Pathology, Washington, D.C., presented a paper entitled "Registry of Veterinary Pathology" at the meeting of the 4th International Cancer Research Congress, which met in St. Louis, Mo., recently.

Major Jones stressed the value of studying diseases in lower animals in order to get clues to the solution of disease problems in man and to provide an exchange of ideas and material between medical and veterinary pathologists.

The Registry of Veterinary Pathology was established in 1944 at the Army Institute of Pathology. This is one of the component units of the American Registry of Pathology under the auspices of the National Research Council. The direct sponsorship and financial support of this registry were undertaken by the American Veterinary Medical Association.

This registry provides a specialized index to the files of the Army Institute of Pathology which includes many examples of naturally acquired and experimentally induced infectious, neoplastic, and degenerative diseases affecting animals.

This activity is particularly suited for the collection and registration of tumor cases. Approximately 44 per cent of the accessions in this registry are neoplastic cases, and now unreported types of cancer in animals are being revealed.

It is believed that much information yet remains to be disclosed concerning animal tumors, the unique nature of which may shed some light on the cancer problem. This central collection for the recognition and study of malignant tumors is a significant step toward the more thorough understanding of neoplastic disease.

EUROPEAN COMMAND NEUROPSYCHOPATHIC SITUATION STUDIED

Dr. Franklin G. Ebaugh, professor of psychiatry at the University of Denver and Dr. William H. Everts, of the staff of the Presbyterian Hospital in New York City, consultants to the Army Surgeon General and former Army neuropsychiatrists, recently toured the U. S. Zones of Germany and Austria to survey the system used in U. S. Army hospitals in the European Command for handling neuropsychopathic cases.

After conferring with Brigadier General Edward A. Noyes, EUCOM Chief Surgeon, Dr. Ebaugh and Dr. Everts observed techniques in neuropsychiatry in hospitals in that area. Their tour included hospitals in Wiesbaden, Nurnberg, Munich, and Vienna. Studies were made in the possibilities of expanding neuropsychiatric training for young EUCOM doctors and evaluation was made of present management of neuropsychiatric cases. They also investigated German and Austrian practice and teaching in neuropsychiatry.



## ARMY DOCTORS INVITED TO HEIDELBERG ORTHOPEDIC CONGRESS

All U. S. Army medical officers in the U. S. Occupied Zone of Germany were invited to attend an Orthopedic Congress at Heidelberg University from September 3rd to 5th. The invitation was extended by Professor Dr. Weil, Director of the Orthopedic Institute at the University. The conference which took place in the Surgery Clinic building on Zahnstrasse in Heidelberg was conducted by German doctors in German.

### ARRIVALS, OFFICE OF THE SURGEON GENERAL

COLONEL SETH GAYLE, JR., MC, of Washington, D. C., formerly of Personnel Center, Camp Kilmer, N.J., assigned to Physical Standards Division, Disposition & Retirement Branch.

LIEUTENANT COLONEL FRANK O. ALEXANDER, MC, of Washington, D. C., formerly of Fort Hamilton, N.Y., assigned to Personnel Division, Office of the Chief.

LIEUTENANT COLONEL ALFRED P. THOM, MC, of Washington, D.C., formerly of Fort Hamilton, N.Y., assigned to Medical Research & Development Board, Overhead.

MAJOR RAYMOND J. KARPEN, MSC, of Minneapolis, Minn., formerly of Headquarters, First Army, Governors Island, N.Y., N.Y., assigned to Preventive Medicine Division, Environmental Sanitation Branch, Sanitary Engineering Section.

MAJOR ERNEST C. RIVAS, MSC, St. Louis, Mo., formerly of St. Louis Medical Depot, St. Louis, Mo., assigned to Personnel Division, Military Personnel Branch, Classification & Assignments Section.

MAJOR GEORGE F. RUMER, MC, of Grants Pass, Oregon, formerly of Personnel Center, Camp Stoneman, Calif., assigned to Medical Research & Development Board, Research Branch.

MAJOR JEROME G. SACKS, MSC, of Hyattsville, Md., formerly of inactive status, assigned to Neuropsychiatry Consultants Division.

CAPTAIN CARL B. WELLER, MC, of San Francisco, Calif., formerly of Personnel Center, Fort Lawton, Wash., assigned to Physical Standards Division, Induction & Appointment Branch.

### DEPARTURES, OFFICE OF THE SURGEON GENERAL

BRIGADIER GENERAL GUY B. DENIT, USA, of Salem, Va., formerly Deputy for Plans, assigned to Headquarters, First Army, Governors Island, N.Y.

COLONEL FRANCIS P. KINTZ, MC, of Granville, Ohio, formerly Deputy Chief of Personnel Division, assigned to Headquarters, Fourth Army, Fort San Houston, Texas.

COLONEL KARL R. LUNDEBERG, MC, of Washington, D.C., formerly Chief of Preventive Medicine Division, assigned to Panama Canal Department.

COLONEL ANGVOLD VICKOREN, MC, of Great Falls, Montana, formerly Chief of Disposition & Retirement Branch, Physical Standards Division, assigned to Student Detachment, Headquarters, Fifth Army, Chicago, Ill., with station at Northwestern University, School of Commerce, Chicago, Illinois.



## DEPARTURES, OFFICE OF THE SURGEON GENERAL (Continued)

LIEUTENANT COLONEL FRANK O. ALEXANDER, MC, of Washington, D.C., formerly of Personnel Division, Office of the Chief, assigned to AGO Casuals, Washington, D.C., for duty with Department of the Army Personnel Records Board.

LIEUTENANT COLONEL OSCAR B. GRIGGS, MC, of Philadelphia, Pa., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to Far East Command, Yokohama, Japan.

LIEUTENANT COLONEL WILLIAM A. HAMRICK, MSC, of Arlington, Va., formerly of Personnel Division, Military Personnel Branch, Classification & Assignments Section, assigned to Student Detachment, Headquarters, Military District of Washington, Washington, D.C., with station at American University, Washington, D. C.

LIEUTENANT COLONEL ARTHUR P. LONG, MC, of Silver Spring, Md., formerly Deputy Chief of Preventive Medicine Division, assigned to Student Detachment, Headquarters, Military District of Washington, Washington, D. C., with station at National Institute of Health, United States Public Health Service, Bethesda, Maryland.

LIEUTENANT COLONEL HOMER C. MCCULLOUGH, MSC, of St. Marys, W.Va., formerly of Personnel Division, Personnel Authorization Unit, assigned to Adjutant General's Casuals, Washington, D.C., for duty with Department of the Army Personnel Records Board.

LIEUTENANT COLONEL GEORGE D. NEWTON, MC, of New York City, N.Y., formerly of Physical Standards Division, Disposition & Retirement Branch, assigned to AGO Casuals, Washington, D.C., for duty with Manpower Analysis Section, Personnel Research & Procedures Branch, Office of the Adjutant General.

LIEUTENANT COLONEL ISAAH A. WILKS, MC, of Morgantown, W.Va., formerly of Physical Standards Division, Induction & Appointment Branch, assigned to 8618th ASU-ROTC, University of Oregon, Medical School, Portland, Oregon, as Professor of Military Science & Tactics.

MAJOR FRANKLIN S. BLANTON, MSC, of Islip, L.I., N.Y., formerly of Preventive Medicine Division, Environmental Sanitation Branch, assigned to Army Medical Center, Washington, D. C.

MAJOR JAMES R. FRANCIS, MSC, of Detroit, Mich., formerly Executive Assistant, Office of Deputy for Plans, assigned to Student Detachment, Command & General Staff College, Fort Leavenworth, Kansas.

MAJOR EDWARD H. VOGEL, JR., MC, of Sinton, Texas, formerly of Medical Research & Development Board, Research Branch, assigned to Student Detachment, Headquarters, Fourth Army, with station at Tulane University, School of Medicine.

## REASSIGNMENTS, OFFICE OF THE SURGEON GENERAL

COLONEL CHARLES S. MUDGETT, MC, of Fredonia, N.Y., assigned to Physical Standards Division, Disposition & Retirement Branch, designated as Chief of Disposition & Retirement Branch, Physical Standards Division.